



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
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DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

INFORMATIONAL LETTER NO. 892

DATE: March 30, 2010

TO: Iowa Medicaid Federally Qualified Health Centers (FQHCs)

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Clarification on FQHC– Use of T1015 Encounter Code and MediPASS referral requirements.

The Iowa Medicaid Enterprise recently published Informational Letter No. 879 to clarify the appropriate use of billing codes. As a reminder, the encounter code of T1015 should be used on the first line of every claim as that is the code that makes the claim payable. All other codes are informational only and should be applied to the claim on the second and subsequent lines.

The T1015 code requires the authorization of the MediPASS patient manager (PM) in order for the claim to be payable. The PM may make a referral completely at their own discretion. The scope and duration of that referral is up to the PM.

It has come to the attention of the IME that sometimes the only service being provided by the FQHC is a dental service. In instances such as this, the IME does not wish to place any barriers between the member and the provision of the services. Therefore, effective immediately, any FQHC claim that is properly submitted with the T1015 code on the first line and where dental procedures billed with Current Dental Terminology (CDT) codes (those beginning with “D”) are the only other codes on the claim form, the MediPASS patient manager referral is not required. Each dental procedure provided should be listed on the second and subsequent lines on the claim form in accordance with the definitions in the CDT.

You should be advised that the IME is making this change to reflect instances in which the ONLY service that was provided was a dental service. It is only under that circumstance that an FQHC may bill the T1015 on the first line AND the CDT code on the second line and not require the MediPASS PM referral. If any medical service is provided, the PM referral is required. As a reminder, these claims are subject to verification through medical records review.

The IME appreciates your partnership as we work together to serve the needs of Iowa Medicaid members. If you have any questions regarding billing for these services, please contact the IME Provider Services Unit, 1-800-338-7909 or locally at 515-256-4609 or by e-mail at imeproviderservices@dhs.state.ia.us.